

# THE MEDICAL NEWS AND LIBRARY.

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HUDSON ON FEVER.

24 PAGES.

### CLINICS.

#### CLINICAL LECTURE.

*Part of a Clinical Lecture on the Use of the Iodide of Potassium in Tertiary Syphilis.* By JAMES PAGET, Esq., F.R.S., &c. &c.

The case which I have read to you from Mr. Butcher's notes is very rare, in that it shows a failure of iodide of potassium in the treatment of tertiary syphilitic ulcers of the leg. The good effects of this treatment you have plenty of opportunities of seeing; and I have often pointed it out to you as an instance of the action of what may justly be called a specific remedy; that is, of one that acts against a disease surely, directly, and, in cases free from complication, almost irrespectively of such circumstances as rest, diet, and the like.

But there are some rules for the giving of iodide of potassium which I wish to commend to you. They are useful in whatever cases you may employ this medicine, but they are especially worth observing in cases of tertiary syphilis, whether evidenced by

ulcers, or periostitis, or any other symptoms. The method in which you usually see me order the iodide is in what we call the haustus potassii iodidi cum ammoniâ, in which three grains of iodide of potassium and half a drachm of aromatic spirit of ammonia are given in two ounces of water three times a day. For the dressing of ulcers, the ointment of nitric oxide of mercury is used, spread on pieces of lint exactly big enough to put into the several sores. And in a very great majority of our cases this method is sufficient for the cure; that is, for so much of a cure as the iodide can effect; for, however it may be given, it never, in any of the forms of tertiary syphilis, does more than cure the existing symptoms. It thus helps time and the natural processes of recovery in curing the disease, but it is not a complete cure for syphilis as, in some cases, mercury is. The doses of the iodide thus prescribed should be taken soon after meals. It is probable that the iodide becomes combined with starch directly after it gets into the stomach, when starch and free acid are generally present

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after meals. But this seems to do no harm, and an advantage of giving the medicine at these times is that it very rarely causes the feeling of sinking and depression which often follows when it is taken into an empty stomach. Perhaps, also, the ammonia helps to this end; or it may be useful by combining with any free iodine. Any how, I know that the formula we use is a good one; it may not be the best possible, but it is a very good one, and will suffice for the cure of the present symptoms in a very large majority of the cases of tertiary syphilis that you will have to do with.

When this method of giving iodide of potassium fails, or is less quick in its influence, or in any way troublesome, there are several modes of helping it. Sometimes, but, I think, very rarely, the dose must be increased. Nine grains of iodide in the day seem insufficient in some cases; fifteen or thirty may suffice. I do not find reason for this increase more than once or twice a year; and a larger increase I have never yet prescribed. I do not say that much larger doses cannot be necessary, for some good observers say they are; but I have not yet had cases requiring them. Whatever doses you may generally prescribe, you will find it useful, and sometimes essential, to aid the action of iodide of potassium by curing whatever complicates the syphilis for which you give it. For syphilis in all its forms is a very miscible disease. You may find it mixed not only with common inflammation, but with gout or rheumatism, scrofula or tuberculosis, or, so far as I know, any other chronic constitutional disease whatever. And in every such case, it is proper to pay regard to the complication as well as to the syphilis. Even in primary syphilis, if a patient have an acutely inflamed, or a sloughing, or anywise diseased, hard chancre, you should try to cure the inflammation, or the sloughing, or whatever else it may be that complicates the chancre, before you give mercury. And so with tertiary syphilitic ulcers. If they come under care when they are acutely inflamed, it seems always a saving of time to give them a few days' rest, and cleaning and poulticing, before using the iodide of potassium and the nitric-oxide ointment. In short, in all these cases of local complication, you should, if possible, reduce the specific disease to its simple typical form before giving the specific remedy. In like

manner, when any form of syphilis is mixed with any other constitutional disease, you should try to cure them both at the same time; for the complication sometimes hinders the cure of the syphilis by disturbing or spoiling the action of its best remedies. It is, I think, through want of attention to this rule that the common doses of iodide are sometimes thought useless.

Tertiary syphilis is often very tenacious in its hold on the bones and joints of persons of gouty constitution; and there are some continental watering places that have gained a great repute for the cure of tertiary symptoms. The reason is, I believe, that the sensible physicians of those places give their patients not only the waters, but the appropriate doses of iodide of potassium or of mercury. And you will find that, in some of your patients, and, especially, in those of gouty constitution, the iodide will act better, and with much greater power, if, while taking it, the patient will drink daily a large quantity of water. Alkaline water may be the best; but plain water will often suffice, and the rule may be that each dose of the iodide should be taken in from six to ten ounces of water, or some very weak liquid. I have seen so great good from this plan that I can readily believe that there was real utility in the plan of giving diet-drinks in large quantity, though I may suspect that the chief value of the drink was not in the herbs but in the water they were boiled in. None profit more by this method than the gouty syphilitic. But there are many more whose excretions seem habitually insufficient. They are fat or plethoric, coarse-skinned or muddy in complexion; they pass little urine, and seem to retain too much of the refuse of their food and tissues. For any of these, the water drinking may be very usefully prescribed with the iodide of potassium.

When either scrofula or tuberculosis is mixed with syphilis, the combination produces one of the worst forms of disease we ever have to deal with. And the worstness attains its worst when the mischief of an injudicious use of mercury is added. It is in these cases, and in these almost exclusively, that syphilis, not affecting internal organs, becomes dangerous to life; and commonly the danger is to be warded off only by attending at the same time to the syphilis and to the complications. So far as it is possible, the whole of the treatment

advisable for scrofula or for tuberculosis must be combined with the treatment for syphilis. What this whole treatment should be, I need not now try to tell. Cod-liver oil, and bark and other tonics, fresh air and sea bathing, which are of comparatively little direct use against the syphilis itself, may greatly help its cure by curing its complications. Iron, too, is often useful; and there is a rule, I believe, of some value to be observed in giving it. The iodide of iron (at least that which is to be had in the *syrupus ferri iodidi*) is not a remedy for syphilis as the iodide of potassium is; it seems comparatively useless. When you wish to give iron, give it in the citrate or potassio-tartrate, together with the iodide of potassium. In this manner I believe that you may get the good effects of both the medicines.

I think that if you will observe these rules about the modes of giving it, you will very rarely be disappointed in giving the iodide of potassium, in doses of two or three grains, for the cure of the symptoms of tertiary syphilis. If they should fail, you should try larger doses; and if they, too, fail, as in very rare instances they will, you must make the best choice you can between giving mercury or simply maintaining the best possible state of general health, so that the patient may bear the disease till he can live it down.—*Brit. Med. Journ.*, May 9, 1868.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Treatment of Fractures by Extension by Weights and Pulleys.*—We are under obligations to Dr. R. J. Farquharson, of Cummins, Ark., for calling our attention to the error in our last number, awarding to Mr. James the priority of modern claimants for the invention of this method. Dr. Wm. C. Daniell, formerly of Savannah, Geo., described, in the *American Journal of the Medical Sciences*, vol. iv. p. 330, two cases successfully treated by traction by weights and pulleys, one of them so long ago as 1819, and gave figures of the apparatus he devised for the purpose.

*Calcareous Degeneration of the Pericardium.*—CURTIS F. FENN, M. D., records, in the *Chicago Medical Examiner*,

June, 1868, the following interesting case: James Owen, labourer, æt. 63, admitted into County Hospital Dec. 19, 1867; body emaciated; feet and legs œdematous, and complexion cyanotic; circulation always excitable, irregular, intermittent, and feeble; the radial pulse was felt with difficulty, owing to what seemed to be an obstruction in walls of artery. The apex beat of heart was perceptible to left of normal position; there was total want of rhythm, and a sense of distance in the sound; no friction sounds or murmurs were detected; respiration was irregular, sighing, and imperfect, especially at night; mental faculties were disturbed, there being generally passive delirium; no paralysis; pupils contracted. Previous history imperfect; once had rheumatism. Patient died Feb. 2, 1868. Autopsy forty-eight hours after death; marked emaciation; old adhesions of right pleura; middle lobe of right lung hepatized; coverings of the heart *in situ* appeared normal: on section of the pericardium there was found an extensive deposit of calcareous matter, covering the whole anterior, and about half the posterior face of the heart. It spread out like a shell, being thickest where the pericardium unites with the central tendon of the diaphragm, and gradually becoming thinner as it extended from the base in two parts, resembling the bivalve of an oyster, the distance of four and a half inches anteriorly, and three and a half posteriorly. A firm adhesion existed between the apex of the heart and base of the sac. This was severed, and the heart removed without injury to the shell. It maintained then the shape of a cup, somewhat irregular in outline, but capable of holding half a pint. The inner surface of the pericardium was roughened in spots by the concretion, otherwise both surfaces were smooth; the heart was enlarged and softened and covered with a pearly deposit of plastic lymph; the right auricle and ventricle were filled with coagulum and dilated; the tricuspid and mitral valves were a little thickened, but pliable; the aortic semilunar valves were calcified along their free border, but not impaired as to their sufficiency; the arch of the aorta, about the opening of the left subclavian, presented a roughened and calcified surface a square inch in area; plastic deposit appeared along the inner surface of the thoracic aorta. The liver

was enlarged and indurated, as if from chronic inflammation of the capsule; the gall-bladder distended with black fluid. The kidneys were both atrophied to about one-third their normal volume; the pyramids and cortical substance appeared blended, and contained cysts varying in size from that of a hazel-nut to that of a pin-head. On the surface of one was a cicatrix, as if a cyst had been ruptured and healed. An examination of the brain showed a deposit of serum within the sub-arachnoidian space, but no lymph and no adhesions. There was calcareous degeneration of the internal carotid and vertebral arteries, and the branches forming the circle of Willis. The walls of the ophthalmic arteries were also hardened and their calibre diminished by the same foreign deposits.

*Pennsylvania Hospital.*—J. A. Meigs, M. D., Professor of the Institutes of Medicine in the Jefferson Medical College, has been elected one of the attending physicians to the Pennsylvania Hospital, in the place of Dr. James J. Levick, resigned.

*The Philadelphia Medical Register and Directory.*—We take pleasure in announcing the appearance of this useful little volume, edited by Dr. JOHN H. PACKARD, and which has been recently issued by Collins, Printer, 705 Jayne Street. It furnishes much useful information regarding the various Medical Associations, Medical Schools, and kindred Institutions; Hospitals, Dispensaries, Charitable Institutions, and other matters, and a Directory of the Physicians of Philadelphia, with their office hours.

*The Physician's Visiting List.*—This annual volume, issued by Messrs. Lindsay & Blakiston, has now reached the 18th year of its publication, and is so well known, and its usefulness is so generally recognized, that it is sufficient to announce that the List for 1869 has appeared, and may be obtained from all booksellers.

*The Pharmacist.*—This is the title of a new Journal, the first number of which was issued in September. It is published by the CHICAGO COLLEGE OF PHARMACY, and is intended to be a "truthful exponent of the condition and needs of Western

Pharmacy." It is, for the present, to be issued quarterly, but it is expected soon to issue it monthly.

## FOREIGN INTELLIGENCE.

*Action of Mercury.*—At the recent meeting of the British Medical Association in Oxford, Professor HUGHES BENNETT read an abstract of the results which had been arrived at by the Edinburgh Committee. The Committee, after a laborious investigation on the action of mercurials on dogs, arrived at the conclusion, that whether administered in large or small doses, the preparations of mercury exert no cholagogue action upon that animal—in fact, that they always diminish the flow of bile. How far this report can serve to throw light upon the action of mercurials on man, is, however, a matter upon which more than one opinion can be held. In the course of their investigations, the Committee have found that mercurials, when administered in large doses to dogs, purge them; and, when in smaller and frequently repeated doses, induce the same group of phenomena which are observed in men under the same circumstances, viz., fetor of the breath, salivation, and ulcerations of the gums. Having accurately ascertained these facts, the Committee appear to consider that the fact that mercurials fail to increase the flow of bile in the dog, affords an almost positive proof that these drugs do not exert a cholagogue action in the case of man. The experiments supported also the modern view that the diversion of the bile through a fistulous opening out of the body does not materially interfere with the intestinal functions, but leads to exhaustion of the body altogether. Dr. B. W. Richardson accepted the report as a model of scientific work, but urged still that mercury did exert a beneficial effect, and that experience confirmed its value. Was it possible, he asked, that mercury acted on the pancreatic gland as it did on the salivary glands, and that it caused an increase of pancreatic secretion? Dr. Bennett, in reply, said it was quite possible the pancreatic function was modified under the action of mercury, for, as one of the tables indicated, the pancreas in five cases was reported as very vascular.

*Chloride of Ammonium and Tincture of Aconite in Ovarian Neuralgia.*—Dr. J. WARING-CURRAN states that this combination seems to have a magical influence in the treatment of ovarian neuralgia. He reports six cases in which various sedatives and anodynes had been tried in vain. He prescribed an eight-ounce mixture, containing two drachms of muriate of ammonia, with five drop doses of tincture of aconite, and found that before the mixture was finished by the patient the pains had entirely ceased.—*Medical Press and Circular*, August 19, 1868.

*Sulphurous Acid in the Treatment of Pyrosis* is strongly recommended by Dr. LAWSON. In every instance, he asserts, in which it has been employed it has, in a very short time, completely arrested the water-brash secretion. It checks the excessive secretion, stops the vomiting, and lessens the epigastric dragging pain so often complained of. Dr. L. considers, provisionally, that its good effects are due to the production of ozone and the destruction of vegetable germs.

The doses of the acid (B. P.) vary from ℥xxx to ʒj three times a day, shortly before meals. Bitter infusions may be employed as a vehicle, but plain distilled water is best.—*The Practitioner*, September, 1868.

*Drinking-Water in Italy a Cause of Stone.*—The *Lancet* (Aug. 15th, 1868) cautions tourists against the drinking-water in Italy. "Florence, and indeed all Tuscany, is very ill-supplied with this necessary of life—the water being supersaturated with inorganic, and even effete organic matter. In Florence itself the impurities in the water-supply are chiefly alkaline, and these combined with the acid red wines universally drunk by the population have caused stone and gravel to be widely prevalent. We have it on the authority of a highly intelligent Florentine, of great medical accomplishments, that 80 per cent. of the population are more or less afflicted with these diseases; and English residents, after but a few weeks' experience of Florence and its water, have found themselves suffering severely in the kidneys and bladder."

*Relief of Pain in Open Cancer.*—It would appear from the hospital report of

the *Lancet*, that, at the Middlesex Hospital, the pain of open cancer is found to be much relieved by the application of an ointment of which the following is the formula: Take half a pound of fresh stramonium leaves and two pounds of lard, mix the bruised leaves with the lard, and expose to a mild heat till the leaves become friable, then strain through lint. The ointment thus prepared is spread upon lint, and the dressing changed three times a day.—*The Practitioner*, September, 1868.

*Convenient Vehicle for the Application of Nitrate of Silver.*—At University College Hospital (London), they have adopted the plan of dissolving nitrate of silver in nitrous ether; it can then be spread with a camel's hair brush over a surface, and the ether immediately evaporates.—*The Practitioner*, August, 1868.

*The Skull as a Test of Distinction of Races.*—Prof. HUXLEY has dealt a blow at all ethnological systems in which the shape of the skull is erected into the principal standard by which the position and affinities of a race are to be judged. In a speech he delivered at the Prehistoric Congress at Norwich, he lays it down that the skull is by no means the best test of distinction. Take, for instance, he says, a peasant from Sweden and another from the Black Forest—both handsome stalwart men, and both manifestly members of the same race—and you will find their skulls as distinct as possible, one long and the other broad. The characteristics on which he relies are complexion, hair, and eyes.

"Guided by these, mankind may be divided into—1. The Australoid type, of which the complexion varies from dark to chocolate, the eyes are black, and the hair long and wavy. 2. The Negroid type, in which the complexion runs down to absolute blackness, the eyes are dark, and the hair crisp and woolly. 3. The Mongoloid, in which the skin is yellowish or olive, the eyes black, and the hair straight and lanky. 4. The Xanthochroid or Blonde, which has fair skin, showing through it the pink tinge of the blood, yellow hair, and blue eyes. In the two latter of these types the skull is variable, in the two former it is invariably long. The Mongoloid and the Xanthochroid races present no special difficulties in their geographical distribution. The



former have spread from Northern Asia all over the two Americas; the Xanthochroid have emerged from the Himalaya and the Caucasus to cover large continuous tracts of Asia and Europe. But the other two types present singular geographical anomalies. The Australoid type is found only in the mainland of Australia, far away in Central India in some tribes of the Deccan, and again in the ancient Egyptians, as depicted on their monuments. The Negroid type, whose home is Africa—but only Africa south of the Sahara—is only found again at a vast distance in Malacca, in the Andaman islands, and in a line running round Australia, and including Papua, the Feejee islands, and Tasmania. Whence this singular distribution? Does it not point to a vastly remote time, when these distant localities, between which there now rolls a vast ocean, were parts of one tropical continent? And if so, does it not throw back the appearance of man upon the globe to an era immeasurably more remote than has ever yet been assigned to it by the boldest speculators?"—*Med. Times and Gaz.*, Sept. 5, 1868.

**M. Nélaton.**—The elevation of this eminent surgeon to a Senatorship by Napoleon III. has excited more than usual interest, inasmuch as it was stated to be the more honourable, not being accompanied by the condition that he should retire from the practice of his profession, as was the case when the same honour was offered to M. Double by Louis Philippe. It would appear from the following statement by M. Latour (*Union Médicale*), that there is some doubt about this matter; and he gives a correct version of the anecdote about Double. Double was the friend and physician of Marshal Soult, and it was at his request that Louis Philippe consented to create Double a peer, on the condition, however, that he gave up practice. The Marshal took the nomination to Double himself, and stated the condition attached to it. Double was very rich, approaching the end of his career, of simple or even austere habits; and certainly the desire of gain, and of the enjoyments obtainable by money, had no part in the resolution he came to. "Tell the King," he replied to the Marshal, "I can submit to no conditions. If I am to enter the Luxembourg, it must be stethoscope in hand." This

was too much for Louis-Philippe, and the affair came to nothing. After all that has been said about the greater liberality manifested towards M. Nélaton by attaching no such conditions, it seems that he is to retire from practice! It is true that he has some time contemplated doing this, and has been withdrawing from consultations and operations; but it is very doubtful whether he would have received the nomination had this not been known to be the case. With respect to the immense income he is said to derive from his practice, M. Latour believes the statement that it amounts to 600,000 francs is a great exaggeration. Trousseau, at his most flourishing period, observed that there were but three practitioners in Paris whose income had sometimes exceeded 200,000 francs—viz., himself, and MM. Nélaton and Ricord. However this may be, Nélaton's retirement, and the deaths within so short a space of time of men so largely consulted as Trousseau, Velpeau, Rayer, and Jobert, have placed immense opportunities within the reach of the rising practitioners.

**Sexual Metamorphosis.**—The Paris correspondent of the *Medical Times and Gazette*, writes: "A decision of considerable importance, but of questionable policy, has at last been forced upon the Faculty by the Minister. In spite of the opinion expressed by the Professors, the American lady who last year applied for a degree has been empowered to pass her first examination, which she achieved successfully; and, as a natural consequence, a French lady has now entered her name upon the books, and may even now be seen dissecting with the other students at the Ecole Pratique."

The editor of that journal, in commenting on this, remarks (No. for Aug. 29): "The age is advancing, and with it the development of the race. The process is rapidly tending to obliterate national differences, and in time we may expect that it will tend to annul sexual distinctions also. Modesty, which used to be the peculiar attribute of women, is gradually, it seems, becoming restricted to the male. It may be doubted, however, whether this phase of development really lends any support to the Darwinian hypothesis. It certainly is not the result of any process of natural selection, for it is hardly credible

that any of these metamorphosed beings would be naturally selected by any of our own coarse and domineering sex as a mate."

*Miss Becker on Woman.*—An American female—a Miss Becker—it appears, intruded herself on the British Association for the Advancement of Science, and inflicted upon the assemblage an address. The editor of the *Med. Times and Gaz.* remarks: "It must have been very amusing to the members of the British Association to hear Miss Becker discourse on the mental superiority of the female sex. This lady's propositions were so well-rounded and so categorically arranged that they must have overpowered many of our weaker brethren. Her utter disregard, however, of the necessity for urging something in support of these propositions was not a little characteristic of the lady debater, and the illustrations afford a happy example of the kind of science which is popular in the ranks of the *ci-devant* weaker branch of the human family. 'The superiority of sex was not always on the side of the male: witness bees,' said Miss Becker. 'This was most infelicitous. What is the domestic economy of the beehive? True, the males are not considerably treated, but then the really mentally superior and active members of the commonwealth are creatures we should be sorry to see Miss Becker selecting for her analogy—endowed with intelligence, but devoid of sex. The only female in the establishment leads a scandalous life of polyandry, is made a matron of as soon as she reaches maturity, is allowed to take no share in the affairs of the republic; and, finally, is kept hard at work perpetuating the species during the term of her natural life. Is this Miss Becker's notion of the female of the future?'"

*Health of London.*—During the last week in July the mean temperature of the air was 69.2°, or 7.6° above the average of the corresponding week in 50 years, according to Mr. Glaisher's observations. If anything, there was a little less heat than in the week preceding, but the difference was not sufficient to avert the unfavourable influence which great heat combined with continued drought always exercises on the populations of great cities. The registered deaths

amounted to 1885 in the week, or more by 243 than were recorded the week before, and 310 more than the weekly average of the season. The deaths from diarrhoea have risen from 340 to 442, and by the more serious choleraic form of disease from 37 to 58. It is to be noticed that the mortality from diarrhoea, unlike that from true cholera, is pretty equally diffused through the various water-fields of London. Zymotic disease caused 800 deaths, or 43 per cent. of the total mortality, the corrected average being only 631 deaths from this class of causes. Of the 58 deaths returned under the head of "cholera," 38 were of children under 1 year of age, 8 aged 1 year, and 4 between 2 and 5 years, leaving 7 cases of adult death resulting from attacks of cholera not exceeding thirty hours' duration.—*Lancet*, Aug. 1, 1868.

*Sunstroke in London.*—The heat experienced in England during July was unusually intense: During the last week in that month twenty-two cases of sunstroke were reported, of which twenty were fatal.

*A Breeding Mule.*—A curious occurrence at Mont-de-Marsan has been communicated at a recent meeting of the Société impériale d'acclimation, namely, that a female mule of twelve years of age has dropped a male colt, born at term and perfectly formed; the dam gives milk and the foal sucks, but the mother manifests a profound indifference for her offspring, and does not exhibit the slightest solicitude when separated from it.—*Med. Record*, Sept. 15, from *Gaz. Hebdom.*, No. 20.

*The Dominion Medical Journal.*—We have received the first number of a monthly Journal of Medicine and Surgery issued last month, at Toronto, Canada, under the editorship of LLEWELLYN BROCK, Esq., M. D.

The editor, in his introductory, states: "We shall unsparingly expose and flagellate quackery in any form, and will strive to guard the public against the dangers of ignorant and mercenary charlatans." This is admirable doctrine, but we cannot see that the editor has acted up to his professions, unless perhaps the so-called eclectic system of practice is considered legitimate medicine in "The Dominion."

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